MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-028012

DEP	ART	MEN	TOF	PUE	-	HEALTH	AND WE	LFARE					٠ _			116	, a ⁻			LE NUMBER	
DO NOT WRITE ON THIS STUB		AMI	NDED	l	FÎ	istration Dis	AUG 1	1965 1965	Pri	mary Registr	ation Dist	rict No	<u>₹</u> .α.σ.α	ØReg	istrar's No.	-11-2	7- -				
					1.	PLACE OF I	DEATH							2. USUA	L RESIDEN	CE (Whe	re decess	ed lived.	. If institu	tion: Resid	lence before
VS 300	ي ا	i		1		a. COUNTY	Gree	ne						a. STA	™Mise	יו נוס ב	b. coul	NTY (reen	a *	dmission)
Rev. 4/59		<u> </u>			_	b. CITY (If	outside cor	porate limits	, give TOWN	SHIP only)	Ler	ngth of sta	y in 1b	c. CI1	ĪΥ	3 4 7 1	<u> </u>		1.0011		side Limits
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1. 200	AMENIDED			1					TO, give loca	rtion)		Inside	Limita	d. ST	י עט	LTUE	<u>fiel</u>		ve location)		side on Farm
039/	⊭	4	1 1	1 1		HOSPITA	AL OR		-			Yes Of	'	AD	DRESS		• • • • • • • • • • • • • • • • • • • •			1	
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3 2	tΓ] }	3.	NAME OF (Type or pr			First		Midd	ile	1.7	Last	_	4 DA OF DEA	7	Mont		Day _	Year
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<u> </u>	1		1		-	SEX		6. COLOR		7. Marr	ied [] ved [Ā.	Never Mar	rried □ orced □		OF BIRTH				Months [UNDER 24 HR
⁵ 2				1		<u>lale</u>			ite	1					<u>-1898</u>		65	1		·]	
	ا ما			1					f work done			INESS OR		II. ABIR	Kan se	City and	state or co	ountry)			T COUNTRY
6	Š.				Ret	She	et M	etal '	if retired) WO <u>rke</u> :	r She	et M	letal	Wke	r Wa	shine	ton	Co.	.	U.S.	. А.	
7 /	501105				13a	. FATHER'S N	NAME									_,			U.S.		
A .	요							Walke:	T AED FORCEST		Mary	ETT	en I	nyea	rt						eased
	¥			1	15. (Ye	was Dece s_po, or uni	(nown) (If	yeş, give wa	r or dates of	servi I	0. 3OCIA	AL SECURIT							erd,		ouri
94221	쀭					NO CAUSE	OF DEATH	None		r line ver re			1	pon	Walke	er,_	<u>3138</u>	_ W .	Chest	thut.	AL BETWEEN
10	₹		1 1	Z		18. CAUSE	PART I.	DEATH WAS	one cause per S CAUSED BY	r interior (a)		(6).	_	٠.					,	ONSET	AND DEATH
				× ×				IMMED14	ATE CAUSE (,, <u> </u>	raic	-vas	cula	ar di	sea	<u>e</u> _				yonti	Know
11				DOCUMENT																	
1201		5		ĭ				ns, if any, j	DUE TO (ь)										 	
1286-0	نا ما	5 '		1			above c	ve rise to												}	
13	틸	-	╁╌╁╾	┥┃				he under- luse last.	DUE TO	(c)										<u> </u>	
	8				중]		PART II.	OTHER SIC	SNIFICANT (CONDITION	CONTR	IBUTING 1	O DEATH	H but not	related to	the term	minal	PART II	I. If decea	ased was	female was in last 90 days.
	၂၀၂				Ž			disease con	igition Given	100 FART 1 (•,								☐ Yes	□ No	Unknown
	몺				[월]	19. WAS A	UTÓBEV	20a. ACCIDE	NT SUICIE	DE HOMI	TIDE	205 DESC	RIBE HOV	W IN IIIRY	OCCURRED	. (Enter c	ature of i	nivry in S	PART 1 or P	ART II of i	tem 18.}
	AMENDMENT				CERTIFICATION	PERFOR	RMED?	ZOM. ACCIDE	50.07			100.0100			000025	. (2///					
•	倒		l I.		₹ ੶	20c. TIME C	OF Hou	Month, C	Day, Year										•		
RIBBON	[₹]				WEDICAL	INJURY	e.m. p.m.														
Z 8					≨	20d. INJÚR	Y OCCURRE	D	20e. PLACI	E OF INJUR	Y (e.g., in	or about	home, 2	Of. CITY,	TOWN, OR	LOCATI	ON		COUNTY		STATE
BLACK INK OR RITER RIBBC	Ιİ					WHILE NOT V	AT WORK	ORK 🗆	farm,	factory, str	et, office	bldg., etc.	.,								·
A S E		2	Ιİ		-				8.5.	63	_		8 6	6 3-		d lest car	her aliv	(a on 8	,5,63		
ã ¢ ≣		Ž		1.		21. I attend	ded the dec	eased from_			8:30	A.	, ,	, • -					ledge, from	the causes	s stated.
×	9	3		1 1			occurred at						m on ine								
USE PEW	{	31		ö		200 SIONA	TURE		(De	gree or titl			İ		DRES 05	Med	ical	Ar	rs RI	ag lu	DATE SIGNED
USE BLAC OR TYPEWRITER	2	ָהָ ה		VIT (TU	منسعه	Km.	1	D.N	<u>/usic</u>	k,M.	D.	Spr	ingf	ield	Mo	•	ब ,	8,63
-	 -	+	\vdash	₹	23.	. BURIAL, CI	REMATION,	23b. DATE		23c.	NAME OF	CEMETER	Y OR CRE	MATORY	2	23d. LOC	ATION (C	ity, tawn	, or county		(State)
		2		AFFIDA	Bı	removal		8-9	-196	3 E	ast	Lawn	Cen	neter	<u>y 1</u>	<u>Spri</u>	ngf i	eld,	<u> </u>	18601	iri
		٤			24.	FUNERAL I	DIRECTOR	Sprin	σfie1º	dress M1	6 B O U	ırı	25. DAT	E RECD. B	Y LOCAL R	EG. 26	REGIST	RAR'S SI	GNATURE	تموي	ting)
		=		₽	R	alph 1	Thiem	e. 12	00 Bo	onvil	le Av	<i>re</i> •	8-8	7-6	y LOCAL R		Eles	nie	7774	they	
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8/8/8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Win & Min
Student	Signed Millard J. Mrauses
 Signature of Student Embalmer 	516
	Licensed Embalmer NA
	P. O. Address Affal, Ma.
	LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embaimed, fact should be so stated above.